
Notice of Independent Medical Review Determination

Dated: 10/4/2013

[REDACTED]

[REDACTED]

[REDACTED]

Employee:

Claim Number:

Date of UR Decision:

Date of Injury:

IMR Application Received:

MAXIMUS Case Number:

[REDACTED]

6/26/2013

12/7/2006

7/22/2013

CM13-0002440

- 1) MAXIMUS Federal Services, Inc. has determined the request for redo left carpal tunnel release with external neurolysis **is not medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 7/22/2013 disputing the Utilization Review Denial dated 6/26/2013. A Notice of Assignment and Request for Information was provided to the above parties on 7/25/2013. A decision has been made for each of the treatment and/or services that were in dispute:

- 1) MAXIMUS Federal Services, Inc. has determined the request for redo left carpal tunnel release with external neurolysis **is not medically necessary and appropriate.**

Medical Qualifications of the Expert Reviewer:

The independent Medical Doctor who made the decision has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Orthopedic Surgery and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The Expert Reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and treatments and/or services at issue.

Case Summary:

Disclaimer: The following case summary was taken directly from the utilization review denial/modification dated June 26, 2013:

"The patient is a 55 year old male who reported an injury on 12/07/2006: mechanism of injury was not stated. The clinical note dated 02/21/2013 reported the patient had increasing numbness and tingling in both hands, especially at night and additionally, he noted locking of the 3rd finger. He was noted to have undergone a left shoulder surgery on 4/23/2008. On physical examination, the patient continued to have slight to moderate tenderness in the medial elbow and volar aspect of the medial elbow, as well as the distal biceps tendon on the right side. Range of motion of the elbows was normal. On neurological examination, the patient was noted to have slightly decreased sensation on the left 4th and 5th digits in the ulnar nerve distribution. Nerve conduction study performed on 4/3/2013 performed by Dr. [REDACTED] reported findings of slight to moderate carpal tunnel syndrome on the right side and left side, slight cubital tunnel syndrome on the right side and mild cubital syndrome on the left side at the elbow, negative ulnar compression neuropathy at either wrist, and negative polyneuropathy. On 4/4/2013, the patient was noted to have continued complaints of numbness and tingling in both hands, especially at night with locking of the left 3rd finger. On physical examination, he continued to have slightly decreased sensation of the left 4th digit in an ulnar nerve distribution. On 5/22/2013, the patient was evaluated by hand surgeon, Dr. [REDACTED] who reported the patient's history of previous bilateral carpal tunnel release in 2004 and after the carpal tunnel release the patient noted improvement in numbness and tingling of the fingers bilaterally. The patient had gradual return of symptoms. Electrodiagnostic were reported to have been performed on 4/11/2008 which noted prolongation of the bilateral medial motor latencies across the level of the carpal tunnel bilaterally. He was noted to have worn a splint across the level of the elbow. Additional electrodiagnostic studies on 4/3/2013 were similar in outcome compared to the previous

electrodiagnostic studies. The patient complained of numbness and tingling in all digits of the right hand at least 5 times or more a day. He awakens at least 2 to 3 times at night with numbness and tingling in all of the fingers of the right hand despite the use of a wrist immobilizing splint. The left hand had numbness and tingling at least 8 to 10 times a day and during the night he awakened at least 2 to 3 times with numbness and tingling of the left hand digits. Only temporary relief was obtained with stretching the wrist and fingers, applying pressure, shaking hands, and massaging the hands. The patient was noted to continue to have dull aching pain in the bilateral volar wrists and reported chronic triggering of the left long and index fingers. He reported they were stiff and he was unable to flex them normally. He reported trigger cleared when he attempted to make a full fist. On physical examination, the patient was noted to have strength on the right at 92 pounds, 90 pounds, and 88 pounds and on the left at 85 pounds, 70 pounds, and 75 pounds, two-point pinch on the right was 14 pounds, 12 pounds, and 12 pounds left was 15 pounds and 15 pounds. Three-point pinch was 20 pounds, 19 pounds and 15 pounds on the right and 22 pounds, 20 pounds, and 18 pounds on the left. The patient was noted to have active triggering of the left index and long fingers, was noted to have 1.7 cm and making contact between the tip of the index finger and the distal palmar crease and 2 cm acheiving contact between the tip of the long finger and the distal palmar crease. The patient was noted to have positive elbow flexion test and more intense numbness of the left hand and on the right, numbness involving the long, ring, and little fingers. The patient was noted to have 5/5 strength of the thumbs and resisted abduction of the digits bilaterally noted 4.5/5 strength. The patient had two-point discrimination in the radial and ulnar distribution which was slight improvement and 5 mm two-point discrimination in the radial and ulnar aspects of the digits bilaterally which was a slight improvement from his previous values."

Documents Reviewed for Determination:

The following relevant documents received from the interested parties and the documents provided with the application were reviewed and considered. These documents included:

- Application for Independent Medical Review (received 7/22/2013)
- Utilization Review Determination from [REDACTED] (dated 6/26/2013)
- Employee Medical Records from [REDACTED]
- Medical Treatment Utilization Schedule (MTUS)

1) Regarding the request for redo left carpal tunnel release with external neurolysis:

Medical Treatment Guideline(s) Relied Upon by the Expert Reviewer to Make His/Her Decision:

The Claims Administrator based its decision on the American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) (online version), Forearm, Wrist and Hand Complaints Chapter, Surgical consideration, (page not cited), part of Medical Treatment Utilization Schedule (MTUS). The provider did not dispute the guidelines used by the Claims Administrator. The Expert Reviewer found the American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004), Forearm, Wrist and Hand Complaints Chapter 11, Surgical consideration, page 270, part of the MTUS, applicable and relevant to the issue at dispute.

Rationale for the Decision:

The employee sustained a work-related injury on 12/7/06. The medical records submitted for review indicate treatments have included: left shoulder surgery, nerve conduction studies, bilateral carpal tunnel release, splinting, and physical therapy. The records indicate the employee continues to experience left hand numbness and tingling. The request is for redo left carpal tunnel release with external neurolysis.

MTUS ACOEM guidelines recommend carpal tunnel release for patients with positive clinical findings of carpal tunnel syndrome and positive electrodiagnostic studies. Although the employee was noted to have positive electrodiagnostic studies for bilateral carpal tunnel syndrome, the medical records submitted for review lack objective physical findings. The records do not document a positive Phalen's test and there is no evidence of significant current conservative care, although splinting had been discussed. There is no indication if the employee underwent a carpal tunnel injection. Therefore, the request for redo left carpal tunnel release with external neurolysis **is not medically necessary and appropriate.**

Effect of the Decision:

The determination of MAXIMUS Federal Services and its physician reviewer is deemed to be the final determination of the Administrative Director, Division of Workers' Compensation. With respect to the medical necessity of the treatment in dispute, this determination is binding on all parties.

In accordance with California Labor Code Section 4610.6(h), a determination of the administrative director may be reviewed only if a verified appeal is filed with the appeals board for hearing and served on all interested parties within 30 days of the date of mailing of the determination to the employee or the employer. The determination of the administrative director shall be presumed to be correct and shall be set aside only upon proof by clear and convincing evidence of one or more of the grounds for appeal listed in Labor Code Section 4610.6(h)(1) through (5).

Sincerely;

Richard C. Weiss, MD, MPH, MMM, PMP
Medical Director

cc: Department of Industrial Relations
Division of Workers' Compensation
1515 Clay Street, 18th Floor
Oakland, CA 94612

/hs

Disclaimer: MAXIMUS is providing an independent review service under contract with the California Department of Industrial Relations. MAXIMUS is not engaged in the practice of law or medicine. Decisions about the use or nonuse of health care services and treatments are the sole responsibility of the patient and the patient's physician. MAXIMUS is not liable for any consequences arising from these decisions.